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**\*BIBDATASHEET\***

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Bib Data Sheet

<b>SERIAL NUMBER</b> 09/858,098	<b>FILING DATE</b> 05/15/2001  <b>RULE</b>	<b>CLASS</b> 398	<b>GROUP ART UNIT</b> 2633	<b>ATTORNEY DOCKET NO.</b> 135816
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**\*\* CONTINUING DATA \*\*\*\*\***  

*None LP*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  

*None LP*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 07/17/2001**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border-bottom: 1px solid black; width: 150px; margin-bottom: 5px;"> <i>Kyle Pas</i>              Examiner's Signature           </div> <div style="border-bottom: 1px solid black; width: 50px; margin-bottom: 5px;">             Initials           </div> </div>	<b>STATE OR COUNTRY</b> TX	<b>SHEETS DRAWING</b> 10	<b>TOTAL CLAIMS</b> 15	<b>INDEPENDENT CLAIMS</b> 2
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**ADDRESS**  
 024587  
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**TITLE**  
 Optical shared protection ring for multiple spans

<b>FILING FEE RECEIVED</b> 710	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"> <input type="checkbox"/> All Fees         </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"> <input type="checkbox"/> 1.16 Fees ( Filing )         </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"> <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )         </div> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> 1.18 Fees ( Issue )         </div>
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